European Monitoring Centre
for Drugs and Drug Addiction

EMCDDA trendspotter briefing

March 2021

Impact of COVID-19 on drug use and drug services in Western Balkans

The situation regarding the COVID-19 pandemic and responses to it continues to evolve rapidly. Regular updates are provided by the European Centre for Disease Prevention and Control and the World Health Organization, and in most countries national public health guidelines are available. The EMCDDA has created a COVID-19 resource hub that provides access to up-to-date materials on drugs and COVID-19-related issues.

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Summary

The Western Balkans (Albania, Bosnia and Herzegovina, Kosovo*, Montenegro, North Macedonia and Serbia) registered the main waves of COVID-19 infections later than most of the EU countries, but containment strategies were implemented at the same time and with equal force as in the rest of Europe. The EMCDDA initiated a series of studies using the trendspotter methodology to explore the impact of the pandemic and associated measures on drug services and people who use drugs in the Western Balkan region. The main findings are listed below.

1. Use of alcohol, benzodiazepines, and cocaine was reported to have increased in some sub-populations of people who use drugs. Use of benzodiazepines in combination with opioids was among the common risk behaviours observed during the first weeks of lockdown.
2. A number of harms were observed among marginalised and injecting drug users, who in some cases lacked resources to satisfy basic needs. Mental health problems were reported among both recreational and problem drug users.
3. The provision of drug treatment was reduced during the first weeks of the pandemic, affecting mainly new admissions and services provided face to face.
4. The number of people entering treatment declined between March and May 2020 in almost all countries in the Western Balkan region.
5. Opioid substitution treatment (OST) centres and harm reduction services mainly remained operational, although under a restricted regime.
6. The main adaptations to the new situation included use of telemedicine and a relaxation of OST distribution schemes.
7. Personal protection measures became standard in all treatment and harm reduction facilities, and protective equipment was distributed to clients whenever possible.

The crisis highlighted the fragile position of some service providers and the reliance of harm reduction services on the support of international donors.

Introduction

Across Europe, drug services and people who use drugs faced a number of particular challenges and risks as a result of the COVID-19 pandemic (EMCDDA 2020b, 2020c). In order to better understand the impact of COVID-19 on the drug situation in the Western Balkans, the EMCDDA initiated a series of mini-trendspotter studies focusing on drug services and help seeking behaviours, on patterns of drug use and drug-related harms, and on drug markets. This briefing presents results of the first two studies focusing on drug use and harms and on drug services, which were carried out between June and August 2020. The objective of this exercise is to describe the main effects of COVID-19-related restrictions on the drug using population and on the provision and demand for drug services, and their

* This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo Declaration of Independence.

gradual adaptation to the changing situation, in the EU candidate and potential candidate countries from the Western Balkan region (Albania, Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia and Serbia).

Trendspotter methodology

The trendspotter methodology is a structured rapid assessment approach triangulating information from a range of qualitative and quantitative sources, including expert opinion (EMCDDA, 2018). The method has been adapted to the virtual environment due to the need to investigate the impact of COVID-19 on drug use and drug services in the EU Member States (EMCDDA, 2020a).

The analysis presented in this briefing is based on the following data sources:

- a review of the international literature and online resources (including webinars and online conferences);
- available epidemiological data from the region;
- online surveys disseminated among national drug observatories and EMCDDA IPA 7 national correspondents, and among experts and professionals in the treatment and harm reduction field;
- three online facilitated groups comprising 19 practitioners, advocacy groups and professional networks representatives.

FIGURE 1

Adapted trendspotter methodology

It should be noted that, in general, the availability of data on drug use and drug use patterns is low in the Western Balkan region; a situation made worse by the responses to COVID-19. Existing monitoring systems on health-related aspects of the drug situation are typically under the responsibility of national institutes of public health or other departments of ministries of health. Staff working on drug monitoring were often reallocated to management of COVID-19 in their country, and monitoring work was suspended in some instances. In the absence of data on drug use patterns and harms, related analysis presented in this briefing relies mainly on observations of professionals working directly with people who use drugs and, to a lesser extent, on data from treatment.

National responses over time

In the early days of the COVID-19 pandemic, the Western Balkan region registered relatively small numbers of positive cases. The governments reacted swiftly and during March imposed a number of restrictive measures, including stay-at-home orders, closures of non-essential services and limitations on internal and cross-border travel (See Table 1).

TABLE 1

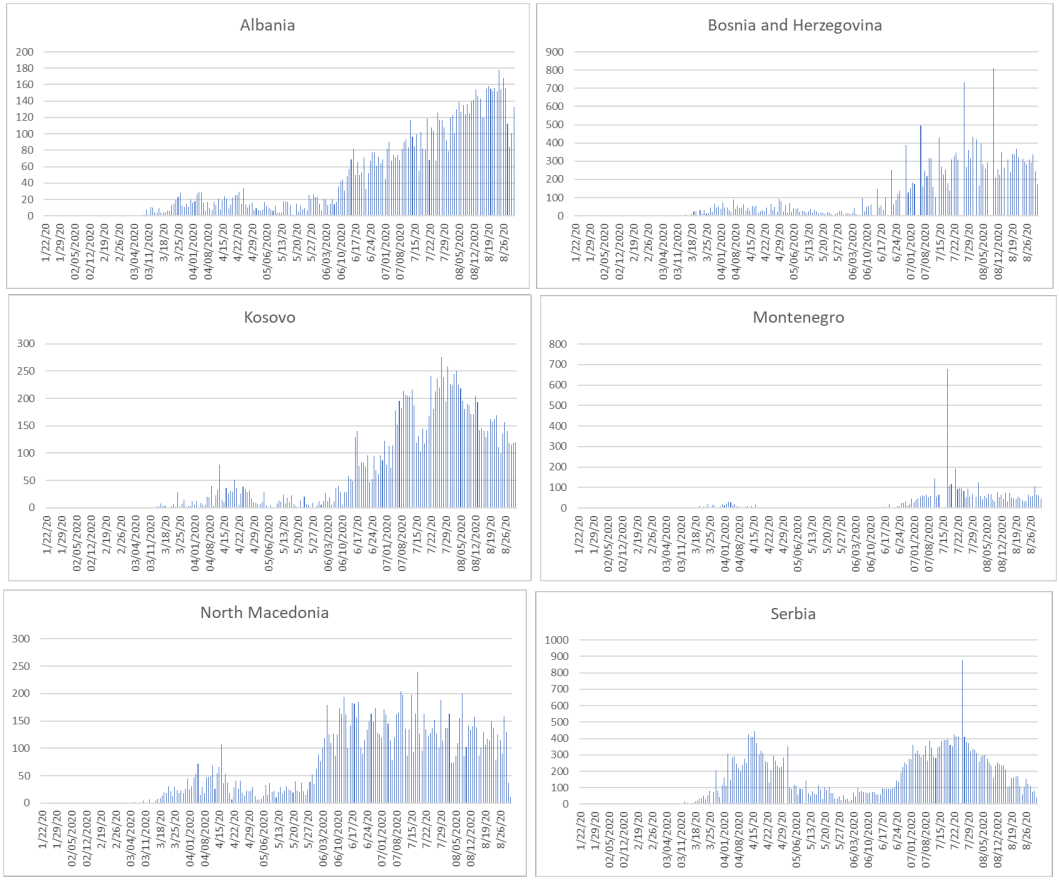
A timetable of national responses to the COVID-19 pandemic

Country	Registered first case	Date main restrictions were imposed	Date for lifting of restrictions
Albania	9 March 2020	9 March 2020	4 May 2020
Bosnia and Herzegovina	5 March 2020	16 March 2020	24 April 2020
Kosovo	13 March 2020	15 March 2020	4 May 2020
Montenegro	17 March 2020	Not declared	2 June 2020
North Macedonia	26 February 2020	18 March 2020	28 May 2020
Serbia	6 March 2020	15 March 2020	28 May 2020

The early and radical mitigating measures were deemed effective in containing the virus (Demirgüç-Kunt et al., 2020) and between the end of April and early June the restrictions began to ease. In the summer, the numbers of registered cases of COVID-19 increased sharply across the region and new waves of selectively imposed measures followed (see Figure 2).

FIGURE 2

Development of new infections in the Western Balkans, new cases per day by country



Source: JHU Dong et al. 2020.

Factors affecting levels and patterns of drug use

Shutting down national economies restricted the movement of people and goods, and also affected the drug markets in the Western Balkan region. Travel restrictions and stay-at-home orders substantially reduced the time people spent outdoors, which also narrowed the opportunities to obtain drugs. Bars, clubs, and other nightlife venues where recreational drug use often occurs were closed in most of the region during the first weeks of the pandemic, and Montenegro and Serbia reported that this reduced nightlife use of stimulants. Marginalised groups, typically opioid users who relied on begging and other means of generating income on the street, in many cases lost access to their usual resources and drugs became less affordable. These circumstances, however, changed as soon as the national restrictions were lifted. For instance, practitioners from Serbia reported that after 12 May, when the country reopened its economy, major festivals were attended by thousands of people, and private parties took place outdoors across Belgrade.

Participants in surveys and facilitated groups identified changes in prices and availability of drugs during the lockdown that are likely to have affected levels of use. However, these accounts were not always consistent across the region and varied for different substances. Kosovo, Montenegro, North Macedonia and Serbia reported a rise in the of price of cannabis while, at the same time, along with Bosnia and Herzegovina, a stable or decreasing price of cocaine. The price of heroin remained stable according to participants from Bosnia and Herzegovina and Serbia, although clients of harm reduction programmes in Montenegro and Serbia reported low quality, and in Bosnia and Herzegovina reduced availability of the drug. Increased availability of diverted buprenorphine on the street market was reported in Bosnia and Herzegovina and Montenegro, and some practitioners linked this to alterations in the prescription regimes (see the section 'Challenges and adaptations of drug services').

New substances and patterns of use

Information on patterns of drug use is available mainly for high risk drug users, and for those in contact with drug services, as the majority of the study participants were harm reduction and drug treatment practitioners. Moreover, interventions aimed at recreational drug use or nightlife settings are rare in the region, except for Serbia. Little is also known about the impact of the pandemic on cannabis use.

Among the most commonly reported changes across the region was increased consumption of alcohol and psychoactive medicines, either alone, together, or in combination with other drugs – a phenomenon also observed elsewhere in Europe (EMCDDA, 2020d). In Kosovo and Montenegro, new treatment demands related to alcohol use problems were reported among both current users of illicit drugs and those who had stopped using illicit drugs. A variety of explanations were provided for increases in use of benzodiazepines and other psychoactive pharmaceuticals (often obtained from peers and relatives or found at home). These included coping with lockdown-related anxiety, replacing drugs that were not accessible, managing withdrawal symptoms, and potentiating the effect of lower doses of drugs. An increase of simultaneous use of multiple drugs among clients was reported specifically by practitioners from Bosnia and Herzegovina, Kosovo, Montenegro, and North Macedonia.

The presence of cocaine on the drug market and its use by different sub-populations of drug users became more visible across all countries in the Western Balkan region during the first months of the pandemic. In Albania, cocaine was the most common reason to seek treatment in the Mother Theresa Hospital before the lockdown. In Kosovo, cocaine use rose among treatment entrants and among users of party drugs such as MDMA, amphetamines, and GHB after the economy was shut down, and similarly use of cocaine was said to be more common in North Macedonia following the imposition of a curfew. Increased injecting of cocaine, or of cocaine in combination with heroin, was reported from Montenegro. In Serbia, cocaine was reported to have taken over from amphetamines among recreational drug users despite its higher price.

Alterations of usual routes of administration were also sporadically reported, such as snorting of crushed benzodiazepines and switching to (or more frequent) injecting in North Macedonia, injecting of drugs that were usually used by other means in Montenegro, injecting of buprenorphine diverted from prescriptions in Bosnia and Herzegovina and Montenegro, or injecting home-made drug mixtures containing benzodiazepines in Serbia.

Case study 1: Survey among clients of a drop-in centre in Montenegro

In March, soon after the confinement measures were announced in Montenegro, the NGO Juventas, that operates a needle-syringe programme in Podgorica, started collecting data from clients about their experiences during the pandemic and about the impact of COVID-19 on the perceived availability and purity of drugs. The study was initiated with the objective of better tailoring services to the changing needs of their clients during the time of crisis. The programme serves about 500 users of mainly opioids, sometimes in combination with stimulants. The information here is based on answers from about 10 % of the clients.

Respondents reported that overall availability of commonly used illicit drugs did not decrease during the lockdown, but they sometimes became less accessible or less affordable. Clients also reported that the purity of drugs, especially of heroin, was much lower during the lockdown. The price of cannabis and heroin increased in the same period; while the cost of cocaine dropped, although this tendency was already observed before COVID-19. The price of illegally sold buprenorphine remained stable, but the substance was reported to become slightly more available, possibly in relation to an increase of take-home dosages. Buprenorphine tablets, as well as heroin and cocaine, are used mainly by injection in this sub-group.

The lockdown measures resulted in dramatic changes in quality of life for many clients of the programme, whose usual sources of income were no longer available. In response, the centre started offering food packages, and increased the provision of personal hygiene and laundry services. More clients also required psychosocial support, as they could not access their social networks. An increasing trend of combining alcohol with illicit drugs and psychoactive medicines also put clients at higher risk of overdose. The staff of the drop-in centre observed an overall deterioration in the health of their clients, in some cases with fatal consequences.

Risky behaviours, harms and needs

In terms of harms among people who use drugs, marginalised drug users and low-income individuals appeared to be affected most by the lockdown. Seasonal and food industry work, often taking place in the grey economy, were discontinued and an increased number of clients fell into poverty. Basic

needs such as food, personal hygiene, and laundry became extremely difficult to satisfy for many. Stigma reportedly complicated access for this group to general healthcare.

Emergency room data and statistics on drug-related deaths are not available from the region, but practitioners from Albania, Kosovo and North Macedonia reported overdose deaths among their clients during the lockdown and associated these deaths with using combinations of substances (typically benzodiazepines and opioids) or large amounts of consumed drugs. In Montenegro, two clients were reported to die from non-COVID-19 lung infection, starvation and general sepsis. Cases of drug-related violence were reported from Albania and Kosovo, and experts from across the region expected a rise of drug-related criminality in the coming months.

Mental health issues have been observed among both recreational and more problematic drug users. In Montenegro, the needle and syringe programme reported more clients seeking support for loneliness, anxiety and depression. In Serbia, recreational drug users were described as manifesting more depressive symptoms, difficulties in coping with daily routines without their weekend drug use and previously unnoticed symptoms of addiction.

The potential of contracting COVID-19 was mentioned by many, although by the end of June, none of the participants in facilitated groups and surveys reported COVID-19-positive clients. This may be also explained by the relative isolation of people who use drugs from people who travel outside of the country. Among the risky practices mentioned by experts in this context were sharing joints and lack of protective measures in the nightlife settings after the re-opening of the economy.

Availability of drug services

National drug observatories and health service practitioners across the region reported that some drug services with direct contact with clients, primarily outpatient treatment and psychosocial support, were discontinued or only provided remotely. Drug treatment in general health care settings (general practitioners and hospitals) was not provided during the lockdown in North Macedonia and Serbia and was reduced in Albania. In Serbia, patients of facilities that were repurposed for COVID-19 cases were referred to other centres, although this has been listed among the main challenges by the National Drug Observatory. Therapeutic communities and in-patient treatment centres, including some detoxification units, were reported to have stopped admitting new clients in Montenegro and North Macedonia.

Case study 2: Shortage of methadone in Albania

In Albania, no methadone was available for a period of 3 weeks in July following a delay in deliveries due to restrictions on commercial transport. At the beginning of April, it became apparent that the stock would not last until the next delivery expected in June 2020, and Aksion Plus, the only provider of methadone in the country, started lowering the daily doses to all 850 of their clients, including those receiving OST in prison. Due to COVID-19, the shipment only arrived on 21 July, five weeks after the first centres ran out of methadone.

As a consequence, some clients were reported to have switched to buprenorphine, and some received emergency treatment for withdrawal symptoms at the toxicological department of the Mother Theresa University Hospital. A number of clients turned to injecting street heroin. Aksion Plus reported worries of increased aggression within families, rise of criminal behaviour and an elevated risk of transmission of HIV and hepatitis. Some clients of the programme were admitted to prison during the shortage. Methadone provision resumed on 22 July 2020 in all 9 centres and the majority of clients returned to treatment.

Opioid substitution treatment (OST) centres showed flexibility in adapting to the new situation across the region. The only reported exception was a methadone programme in Albania that was closed for several weeks due to a nationwide shortage of the drug (see Case study 2). Most of the OST centres in the remaining countries in the region continued dispensing medication during the lockdown and beyond, although it was not possible for new clients to initiate treatment in some centres (for instance in Bosnia and Herzegovina and North Macedonia). A number of OST providers changed their prescription and distribution schemes in response to travel restrictions and to reduce face to face contact with clients.

The impact of the pandemic and subsequent response on harm reduction services was mixed. Drop-in centres in Bosnia and Herzegovina and in Serbia were closed by government order as a safety precaution, and both drop-in and outreach work were temporarily discontinued in Kosovo. Wherever possible, the services continued to be provided under restricted regimes and in the context of strict safety precautions, or remotely. In Montenegro, the drop-in centre in Podgorica reduced the working hours but remained operational during the pandemic and reported more clients than normal. In North Macedonia, contact with clients had to be pre-arranged by phone. In the absence of a drop-in centre, the provision of clean injection material continued outdoors in Bosnia and Herzegovina and Montenegro. Some programmes reported that interventions deemed high-risk in terms of COVID-19 transmission (such as testing for infectious diseases) were not offered to clients during the first weeks of the pandemic. In this context, it should be noted that even under normal circumstances the provision of harm reduction services is low in most parts of the Western Balkan region (for instance, there is no needle and syringe programme in Belgrade, the capital of Serbia) and the existing programmes struggle with financial uncertainty. Yet, the operational harm reduction providers from across the region managed to function under the restrictions and registered and responded to a

number of new needs, especially among marginalised users (including provision of protective equipment and covering basic needs, such as food and basic hygiene).

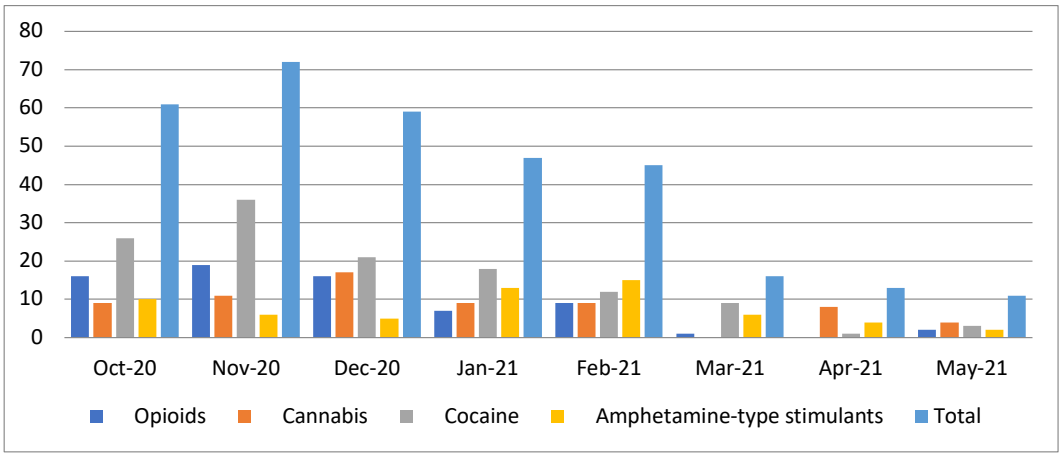
After the main body of restrictions was lifted across the region, some centres re-opened although the restricted regimes and strict safety measures remained in place. In early July, there was still no return to normal reported by any of the participants of the facilitated groups.

Help seeking and treatment demand

A short-term decline in the number of clients entering treatment during COVID-19 restrictions was reported in Albania, Bosnia and Herzegovina and Serbia. In Albania, the total number of clients entering treatment in the Mother Theresa Hospital dropped from 47 in January and 45 in February, to 16 in March, 13 in April and 11 in May, after some of the treatment facilities were reserved for COVID-19 cases (see Figure 3). In Serbia, the number of clients starting OST treatment dropped from between 21 and 25 per month in the first quarter of 2020 to 3 in both April and in May; in June the requests returned to 21.

FIGURE 3

Number of people starting treatment at the Clinical Toxicology Service, University Hospital 'Mother Theresa', Tirana, Albania



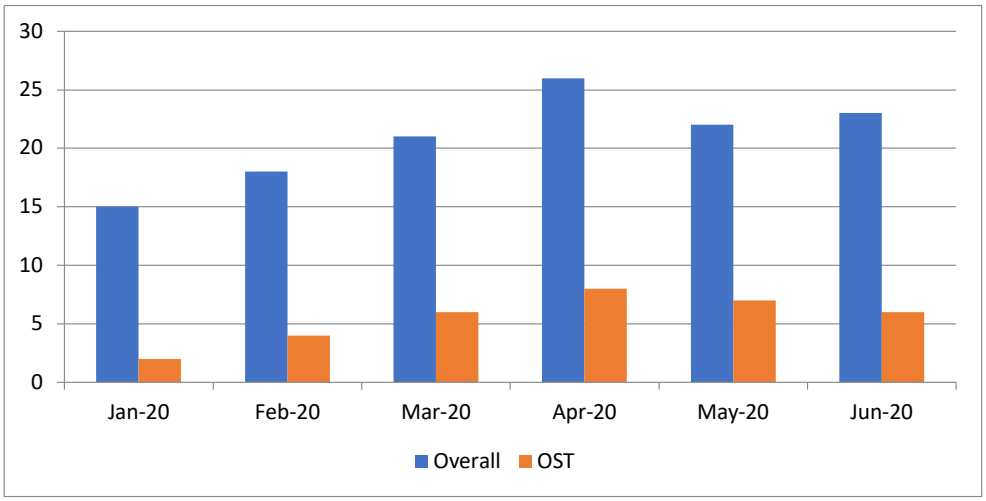
Source: MTUH 2020.

In Bosnia and Herzegovina, where data were available for one agency, the Federation of Bosnia and Herzegovina, a similar pattern was observed in both OST and hospital treatment requests. The lowest numbers were reported for April and May and no patients started treatment with buprenorphine during this period, while June saw a return to pre-pandemic numbers.

Data from Kosovo show a different picture, with the highest number starting treatment in April, after a gradual increase of numbers observed from the beginning of the year (see Figure 4). The extent to which the peak was a result of reduced access to drugs during lockdown is not known.

FIGURE 4

Number of people starting treatment in three cities in Kosovo



Source: Labyrinth 2020.

A number of factors may have contributed to the declines in Albania, Bosnia and Herzegovina and Serbia including the following: reduced availability of treatment options, suspension of admissions of new clients, temporary closure of centres, limited or unavailable public transport and restricted movement of persons.

The overall numbers may, however, hide differences between sub-populations of clients. For instance, in Montenegro the decrease of treatment demand was noted in particular among heroin users and people entering OST. In North Macedonia, OST centres registered an influx of patients released from prisons, returnees from abroad, and locals who could not access or afford to buy street heroin, while regional centres saw fewer clients due to the absence of public transport. In Kosovo, more cocaine users and more people from the Roma minority sought treatment during the first months of the pandemic. In Albania, older drug users that had never been previously treated appeared in treatment soon after the main restrictions were lifted.

Challenges and adaptations of drug services

After lockdown, the most immediate challenge for treatment and harm reduction providers was to deliver services to those in need, while ensuring the safety of both staff and clients.

Telemedicine was a viable option for most of the psychosocial and counselling services where face to face interventions were no longer possible. Treatment professionals from all countries reported a move to consultations by phone or video. In addition, a help-line for clients of harm reduction services was initiated in Montenegro, and a universal national help-line also served people who use drugs. Some harm reduction services maintained contact with their clients via multiple channels, including social media and mobile communication apps, which were available practically non-stop, in order to respond to emergencies.

However, remote service provision was not without problems. It was reported from North Macedonia, that some clients, especially those with dual diagnoses or tendencies to psychosis, did not respond well to counselling over the phone. For some marginalised groups of people who use drugs, access to the internet during lockdown was difficult or impossible. It was also reported that in North Macedonia, Roma populations in more remote areas of the country were less likely to use prevention services offered via telephone.

Where the services required direct contact with clients or a collaboration of multiple staff members, measures preventing the transmission of the SARS-CoV-2 virus had to be implemented, including social distancing and personal protection. Study participants from across the region reported that protective equipment (masks, gloves, sanitisers) was extremely expensive or inaccessible at the beginning of the pandemic, though the situation gradually resolved after a few weeks. Only Montenegro did not report a rise in prices, although there were shortages of the protective materials. In March, the Office for Combatting Drugs of the Government of the Republic of Serbia provided protective material to non-governmental organisations. In late April, harm reduction centres from North Macedonia and Serbia reported that they had enough protective material for their staff but not for the clients due to overall underfinancing (DPNSEE, 2020).

Harm reduction and treatment professionals across the region provided additional services in response to the pandemic. Marginalised clients had to be informed about the ongoing pandemic and educated in protective measures, and this became a new routine service provided to clients. Participants in facilitated groups reported that most of their clientele manifested solidarity with each other and with the staff working with them and followed the safety guidelines. One OST centre in North Macedonia installed a video-surveillance system in order to monitor and enforce safe behaviours. Nevertheless, physical distancing was challenging for those who were acutely intoxicated. Maintaining basic hygiene became an issue for homeless drug users, and one of the drop-in centres in Montenegro responded to by increasing provision of personal hygiene and laundry services. The same centre also provided food packages to about 50 families experiencing financial problems. In some countries, new client groups entered services, including users of new types of drugs or members of the Roma minority. Increased use of alcohol and benzodiazepines among clients of harm reduction services in Bosnia and Herzegovina resulted in acute intoxications impacting psychomotor abilities, which required adaptation of existing interventions. Diagnostic testing for SARS-CoV-2 was

offered by at least one centre in the region that also reported purchasing medicines to relieve symptoms of potential COVID-19 cases.

During the summer months of 2020, a harm reduction programme in Montenegro reported a notable reduction in COVID-19 awareness among clients, requiring a reinforcement of the rules.

In response to restrictions on individual travel, lack of public transport, or quarantine and self-isolation of clients, new delivery methods were introduced for services that could not be provided remotely, especially clean injecting material and OST medications. Needle and syringe programmes in at least two countries encouraged peer distribution of the material. Home delivery of OST medication was also reported, with the assistance of either police or charity organisations; some OST centres also provided certificates to clients that would allow them to travel (see Case study 3). In North Macedonia, decentralisation of buprenorphine treatment allowed access to buprenorphine in regional OST centres. Relaxation of strict prescribing rules has been reported across the region. Typically, the daily on-site application was replaced by up to two-weeks take-home dosage for both buprenorphine and methadone for all, not just stabilised, clients. In Montenegro, the extended supply of take-home buprenorphine was provided subject to a negative urine drug test. Most of these changes were implemented on the level of individual organisations (for instance in Montenegro, only some centres started providing take-home OST) and were considered temporary. In Montenegro, the OST programme returned to the normal regime after the national restrictions were lifted, but after two months and rising numbers of new COVID-19 infections in the country the weekly distribution was restarted. The relaxation did not affect the criteria to enter treatment, as was the case in some EU Member States in response to the crisis (EMCDDA, 2020b). On the contrary, if there was a change in admission policy it was a restriction on new entries.

Case study 3: Relaxing opioid substitution treatment rules in Montenegro

Opioid Substitution Centre Kotor, Montenegro, operating since 2010, provides methadone or buprenorphine therapy to about 300 clients from a region of nearly 100 000 inhabitants. The two substances are distributed under different schemes. While methadone may be given to stabilised clients on a weekly basis, buprenorphine can only be distributed in daily doses according to existing national guidelines. The national response to the COVID-19 during the first weeks of the pandemic represented a barrier to access to treatment for all OST clients regardless of the prescribed drug. The initial measures included 28 days of complete lockdown, with severe restrictions on the movement of persons and the suspension of public transport. The Kotor OST centre responded quickly and started providing medical certificates to their clients allowing them to travel for treatment and changed the distribution scheme for buprenorphine to a weekly dosing. As a result, no significant drop-out from treatment was observed and regular urine screening showed no substantial increase in the use of illicit drugs among the clients. An increase of use of benzodiazepines was observed, possibly as a way of coping with anxiety.

Staff shortages due to lack of childcare or transportation, quarantine, or reallocation of medical staff to COVID-19-related work and financial instability presented additional challenges. For instance, Margina, the only harm-reduction provider in the Federation of Bosnia and Herzegovina, ran out of funds during the lockdown and continued providing outreach services only with the help of unpaid staff; while Aksion Plus in Albania lowered salaries due to lack of resources. Worries about the future of drug services in terms of sustainability, especially about harm reduction provided by civil society, were voiced by focus group participants from across the region.

Guidelines and international cooperation

Shortly after governments across Europe started responding to the pandemic, it became apparent that people who use drugs may face additional risks, and the modus operandi of services would have to be adapted. Recommendations issued at national level usually described general safety and protective measures. With the exception of Serbia, where the Ministry of Health instructed the OST centres to provide take-home dosage, there was no information about national guidelines specifically focusing on drug services in the Western Balkan region. Organisations providing drug treatment and harm reduction often developed their own protocols or translated and adapted guidelines produced by international organisations and networks. Among documents mentioned by participants in our facilitated groups and surveys were those prepared by the EMCDDA (EMCDDA, 2020a), UNAIDS, UNODC, and by the International Network of People who Use Drugs (INPUD).

The role of international networks and organisations has been important throughout the course of the pandemic, although practically mainly civil society benefited from their activities. During the lockdown weeks, organisations such as the Drug Policy Network South East Europe (DPNSEE), Correlation network, INPUD, and Eurasian Harm Reduction Association (EHRA) organised virtual meetings and webinars in order to share experiences and best practice, and to help identify potential donors. These activities continued to a lesser extent after the restrictions were lifted and more information became available about the virus.

The support of international donors is fundamental for the provision of harm-reduction services in the region, and during the first months of the pandemic their role became even more visible. For instance, Open Society Foundation (OSF) financed food provision for marginalised populations, including people who use drugs, who lost income due to the pandemic, in Montenegro and North Macedonia.

Conclusions

Using the trendspotter methodology, this report shows that the virus containment measures implemented by national governments in the Western Balkans impacted on the lives of people who use drugs and disrupted normal provision of drug services during the first weeks of the pandemic.

Drug use in nightlife settings ceased with the closure of the venues, which also reduced the opportunity to obtain drugs for many recreational drug users. Use of alcohol and benzodiazepines became more common among different user sub-populations, and the presence of cocaine on drug markets in the Western Balkan region became more apparent. Marginalised and injecting drug users were significantly affected by the lockdowns, as many of them lost income and shelter and were stripped of basic resources.

Availability and accessibility of both drug treatment and harm reduction services was substantially reduced across the region during the first weeks of the pandemic. New treatment admissions were, in general, limited to emergency cases. In order to remain operational, providers had to adapt to new circumstances: many services became available online or via telephone, a number of protective measures were implemented, and innovative strategies were applied to maintain treatment and to reach clients who became harder to access. Efforts to adapt to new needs of marginalised drug users were reported by harm reduction services from across the region.

The availability of harm reduction services, especially needle and syringe programmes, was already limited in the region, and civil society organisations struggled before the crisis. The vulnerability of some care agencies, mainly harm reduction services, became even more apparent during the pandemic. Some services remained available and some of the changes were possible thanks to support of international organisations, networks and donors. In June and July, when the economies resumed, the drug services were still slowly finding their way to pre-pandemic levels of service provision. The concern remains that COVID-19 and responses to it may result in further reduction of resources and reinforce the reliance on international funding.

The longer-term impact of the pandemic on drug treatment systems in the Western Balkans is difficult to predict and will require further monitoring. Some of the adaptations, such as the relaxation of OST provision schemes, are devised as temporary. Other innovations, such as telemedicine, may be seen as opportunities to increase accessibility and availability of individual support and care.

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Resources

EMCDDA

- Topics page on COVID-19 and drugs: http://www.emcdda.europa.eu/topics/COVID-19 Europe
- European Centre for Disease Prevention and Control: https://www.ecdc.europa.eu/en/covid-19-pandemic

- European Commission action and response team: https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response_en
- European Science Media Hub (European Parliament): https://sciencemediahub.eu/
- WHO Europe: http://www.euro.who.int/en/home

World

- Centers for Disease Control and Prevention: https://www.cdc.gov/coronavirus/2019-nCoV/index.htmland https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html
- WHO: https://www.who.int/emergencies/diseases/novel-coronavirus-2019

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